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Bib Data Sheet

CONFIRMATION NO. 6462

SERIAL NUMBER 10/763,148	FILING OR 371(c) DATE 01/21/2004 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. ARC ALZ5121USANP/IR3349
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APPLICANTS

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** CONTINUING DATA ***** *HCT*

This appln claims benefit of 60/441,420 01/21/2003

** FOREIGN APPLICATIONS ***** *HCT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Maye Jacob</i> Examiner's Signature Initials				

ADDRESS

27777

TITLE

Computational model for transdermal drug delivery

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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